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PATENT APPLICATION FEEDETERIMINATION PEGGROVERS

Application or Docket Number

000010832

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- CLAIMS AS			S FILED - PART ((Column 1)		(Column 2)			SMALL EN	шу ·	OR	OTHER SMALL	10 C	
OTAL CLAIMS			6					RATE	FEE		RATE	FEE.	3.45
OR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	Basic Fee	710.00	
OTAL CHARGEABLE CLAIMS			6 minus 20=					X\$ 9=		OR	X\$18= ·		
ID	EPENDENT CL	AIMS	3 mir	us 3 =	•			X40=		OR	X80=		
IU	LTIPLE DEPEN	DENT CLAIM P	RESENT	-				+135=			+270=		
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710.	`
CLAIMS AS AMENDED ; PART II								, - , , ,		,	OTHER	THAN	Š.
_		(Column 1)	6250	(Colu		(Column 3)	4	SMALL		OR	SMALL		
2		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE:	12
5	Total ==-	- 47 -	Minus	•	20 =		-	-X\$*0=7		; OR	XX		
	Independent	• 4	Minus		3	= /	1	X40=		OR	X80≟.	86.00	
< —	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM	· 🔲]	+135=			+270≟		
								TOTAL		OR	TOTAL		*
		•					•	ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	Acti	
	T	(Column 1)	1		mn 2) Hest	(Column 3	4		ABBU			100 mg/g	4. 7
EN G	•	REMAINING AFTER AMENDMENT		PREV	ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE,	ADDIX TIONAL VEEF	
	Total	. 19	Minus	2	0	- Ø,	1	X\$ 9=		OR	X\$18=	1 1	1
	Independent	.4	Minus	L	<u>+ </u>	<u> </u>	4	X40=	٠.	OR	: X80=≈:		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=		
								YOTAL ADDIT, FEE		ÖЯ	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)_				•	· · · · ·	
N C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST 4BER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
AMENDMEN	Total	·	Minus	••			1	X\$ 9=	<u>, , , , , , , , , , , , , , , , , , , </u>	OR	X\$18=		
Z	Independent	•	Minus	***		=]	X40=			X80=	-	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	<u> </u>		
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+135=-		OR	+270=		
**	If the entry in colu If the "Highest Nu "If the "Highest Na	mber Previousiv I	Paid For IN THI	S SPACE	is less the	an 20, enter "2	0."	YOYAL ADDIT. FEE		OR	ADDIT. FEE		
	HAM UNROCK LAND	HIND LIGHTONY											1

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